

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: OR
APPLICATION YEAR: 2006

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2005	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER 6 B04MC02389-01-01
5. APPLICANT INFORMATION			
Legal Name: Department of Human Services		Organizational Unit: Office of Family Health	
Address (give city, county, state and zip code) 800 N.E. Oregon Suite 850 Portland, OR 97232 County: Multnomah		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Katherine Bradley, RN, PhD Tel Number: 971-673-0233	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">7</div><div style="border: 1px solid black; padding: 2px 5px;">5</div><div style="border: 1px solid black; padding: 2px 5px;">2</div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MCH Block Grant	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2005	Ending Date: 09/30/2006	a. Applicant District 3	b. Project Statewide
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>6,545,709.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>24,383,105.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>5,862,923.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>36,791,737.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Katherine Bradley, RN, PhD		b. Title Administrator, Office of Family Health	c. Telephone Number 971-673-0233
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2006

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: OR

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 2,392,864 (36.56%)

B.Children with special health care needs:

\$ 1,963,713 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 488,645 (7.47%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 6,545,709

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 24,383,105

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 5,862,923

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 3,950,427

\$ 30,246,028

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 36,791,737

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 817,585

b. SSDI: \$ 135,276

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 18,078,777

h. AIDS: \$ 0

i. CDC: \$ 4,791,263

j. Education: \$ 0

k. Other: \$ 0

FP Waiver (CMS) \$ 21,601,320

Title X Fam Planning \$ 2,377,495

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 47,801,716

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 84,593,453

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES**1. Section Number:** Main

Field Name: CISS

Row Name: Other Federal Funds - CISS

Column Name:

Year: 2006

Field Note:

Oregon has applied for the State Early Childhoods Systems grant renewal for 2005-2008. If fully approved, this CISS grant will be \$126,00 for the 1st year and \$140,000/year for following 2 years; totalling \$406,000.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: OR

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 6,484,811	\$ 6,484,811	\$ 6,579,878	\$ 0	\$ 6,545,709	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 14,352,682	\$ 24,092,879	\$ 16,823,917	\$ 0	\$ 24,383,105	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 262,086	\$ 5,517,653	\$ 3,860,542	\$ 0	\$ 5,862,923	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 3,843,878	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 24,943,457	\$ 36,095,343	\$ 27,264,337	\$ 0	\$ 36,791,737	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 90,334,410	\$ 96,001,588	\$ 45,044,401	\$ 0	\$ 47,801,716	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 115,277,867	\$ 132,096,931	\$ 72,308,738	\$ 0	\$ 84,593,453	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: OR

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 6,382,795	\$ 6,377,149	\$ 6,267,229	\$ 6,481,606	\$ 6,562,508	\$ 6,579,878
2. Unobligated Balance (Line2, Form 2)	\$ 997,151	\$ 0	\$ 412,023	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 9,304,214	\$ 13,799,972	\$ 11,195,086	\$ 16,668,292	\$ 14,569,000	\$ 17,169,873
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 16,873,854	\$ 827,539	\$ 66,097	\$ 685,788	\$ 305,412	\$ 3,949,255
6. Program Income (Line6, Form 2)	\$ 2,222,859	\$ 2,496,609	\$ 2,365,701	\$ 2,288,471	\$ 2,887,254	\$ 0
7. Subtotal (Line8, Form 2)	\$ 35,780,873	\$ 23,501,269	\$ 20,306,136	\$ 26,124,157	\$ 24,324,174	\$ 27,699,006
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 84,651,860	\$ 34,874,301	\$ 85,685,254	\$ 100,424,053	\$ 90,919,075	\$ 100,959,086
9. Total (Line11, Form 2)	\$ 120,432,733	\$ 58,375,570	\$ 105,991,390	\$ 126,548,210	\$ 115,243,249	\$ 128,658,092
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
State funds include Medicaid match funds and other private foundation grants, which may fluctuate from the time of the budget amount and reporting of expenditures. In addition, budgeted amounts are only those funds that were approved by the Legislature at the time of projection, and may not reflect new funds.
- 2. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2004
Field Note:
State funds include Medicaid match funds and other private foundation grants, which may fluctuate from the time of the budget amount and reporting of expenditures. In addition, budgeted amounts are only those funds that were approved by the Legislature at the time of projection, and may not reflect new funds. Unbudgeted expenditures in restored school-based health center program, which was eliminated at the time of 2004 budget estimates.
- 3. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2003
Field Note:
Variations between budgeted and expenditures reflects the unanticipated increases or decreases in Medicaid Administrative Match used for programs in Office of Family Health. The Match dollars are categorized as "other funds" because revenue comes from another state agency (regardless of its original source as general or federal).
- 4. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2003
Field Note:
See Note on 6. Program Income: Metabolic Newborn Screening fees are being reported as Other Funds, rather than Program Income.
- 5. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2004
Field Note:
Unbudgeted amounts in newborn metabolic screening expenditures and in CHSCN programs. Includes increases in due to unbudgeted revenues from Medicaid Administrative Match. State funds include Medicaid match funds, which vary from the time of the budget amount and reporting of expenditures. In addition, budgeted amounts are only those funds that were approved by the Legislature at the time of projection, and may not reflect new funds. Other funds includes those revenues that come from funds that are private foundations grants, and variations may be due to beginning or ending of grants or resources unanticipated at the time of budgeting.
- 6. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2003
Field Note:
Metabolic newborn screening fees in the Public Health Lab were previously reported as Program Income. For 2005 application/2003 report, it has been determined that this is not program income to the state's Title V program, but rather part of the other funds received and expended generally on the Title V population.
- 7. Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2004
Field Note:
Changes in methods for reporting expenditures. Newborn metabolic screening fees previously budgeted as Program Income, but now included in "other funds"
- 8. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
In the 2003 budget period, Family Planning Expansion Project (Medicaid waiver) was reported as the Legislative approved amount. The expended amount changes depending on the number of clients served in the FPEP program, since it is a Medicaid Administrative Match program.
- 9. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2004
Field Note:
Includes increases in due to unbudgeted revenues from Medicaid Administrative Match. State funds include Medicaid match funds, which vary from the time of the budget amount and reporting of expenditures. In addition, budgeted amounts are only those funds that were approved by the Legislature at the time of projection, and may not reflect new funds. Other funds includes those revenues that come from funds that are private foundations grants, and variations may be due to beginning or ending of grants or resources unanticipated at the time of budgeting.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: OR

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 5,244,582	\$ 6,695,437	\$ 5,329,138	\$ 0	\$ 4,574,274	\$ 0
b. Infants < 1 year old	\$ 8,692,611	\$ 16,038,620	\$ 6,761,156	\$ 0	\$ 9,118,819	\$ 0
c. Children 1 to 22 years old	\$ 5,713,259	\$ 7,845,239	\$ 9,784,921	\$ 0	\$ 17,513,216	\$ 0
d. Children with Special Healthcare Needs	\$ 3,499,277	\$ 4,254,427	\$ 3,465,527	\$ 0	\$ 3,663,334	\$ 0
e. Others	\$ 833,321	\$ 740,665	\$ 761,538	\$ 0	\$ 761,538	\$ 0
f. Administration	\$ 960,407	\$ 520,955	\$ 1,162,057	\$ 0	\$ 1,160,556	\$ 0
g. SUBTOTAL	\$ 24,943,457	\$ 36,095,343	\$ 27,264,337	\$ 0	\$ 36,791,737	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 740,050		\$ 808,834		\$ 817,585	
b. SSDI	\$ 100,000		\$ 135,276		\$ 135,276	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 498,124		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 66,092,651		\$ 16,994,613		\$ 18,078,777	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 3,552,693		\$ 4,536,763		\$ 4,791,263	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
FP Waiver (CMS)	\$ 0		\$ 0		\$ 21,601,320	
Title X Fam Planning	\$ 0		\$ 0		\$ 2,377,495	
FPEP Waiver	\$ 17,325,357		\$ 20,191,420		\$ 0	
Title X	\$ 0		\$ 2,377,495		\$ 0	
FP Title X	\$ 2,025,535		\$ 0		\$ 0	
III. SUBTOTAL	\$ 90,334,410		\$ 45,044,401		\$ 47,801,716	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: OR

	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 3,135,928	\$ 4,549,998	\$ 3,401,732	\$ 5,578,917	\$ 4,889,737	\$ 5,631,147
b. Infants < 1 year old	\$ 4,621,954	\$ 6,345,832	\$ 2,476,382	\$ 7,310,620	\$ 6,617,213	\$ 8,408,313
c. Children 1 to 22 years old	\$ 22,609,244	\$ 7,608,598	\$ 9,175,375	\$ 8,140,118	\$ 7,472,922	\$ 8,886,823
d. Children with Special Healthcare Needs	\$ 3,331,263	\$ 3,393,580	\$ 3,340,028	\$ 3,430,746	\$ 3,514,819	\$ 3,520,048
e. Others	\$ 1,558,337	\$ 712,120	\$ 823,733	\$ 882,138	\$ 833,321	\$ 717,412
f. Administration	\$ 524,147	\$ 891,141	\$ 1,088,886	\$ 791,618	\$ 996,162	\$ 535,263
g. SUBTOTAL	\$ 35,780,873	\$ 23,501,269	\$ 20,306,136	\$ 26,134,157	\$ 24,324,174	\$ 27,699,006
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 264,359		\$ 180,000	
b. SSDI	\$ 100,000		\$ 42,359		\$ 150,000	
c. CISS	\$ 100,000		\$ 0		\$ 0	
d. Abstinence Education	\$ 460,760		\$ 230,038		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 52,352,071		\$ 66,584,880		\$ 66,276,588	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,812,961		\$ 2,243,267		\$ 4,617,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
FPEP Waiver	\$ 0		\$ 0		\$ 17,325,357	
Title X Family Planning	\$ 0		\$ 0		\$ 2,370,130	
FPEP - HCFA Waiver	\$ 0		\$ 14,628,780		\$ 0	
Title X	\$ 2,974,224		\$ 1,691,571		\$ 0	
FP Expansion (1115 Waiver	\$ 25,821,844		\$ 0		\$ 0	
Prev. Block Grant	\$ 30,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 84,651,860		\$ 85,685,254		\$ 90,919,075	

FORM NOTES FOR FORM 4

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2005
Field Note:
The budget for FY 2005 is based on the Legislative Approved budget for the 2003-2005 biennium.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2003
Field Note:
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2004
Field Note:
Expenditures include increases in smoke-free grants from RWJ.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2004
Field Note:
Difference includes initiation of Medicaid Administrative Match for home visiting programs in local expenditures.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2004
Field Note:
Includes additional revenues and expenditures in school based health centers, which were eliminated by the Legislature for approximately 1 year, before restarting.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.
9. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2004
Field Note:
Additional general fund expenditures and revenues that budgeted.
10. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2006
Field Note:
Womens health programs: Title V expenditures for womens health and family planning general funds and Title V expenditures for women > 21 years old.
11. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2003

Field Note:

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

12. Section Number: I. Federal-State MCH Block Grant Partnership**Field Name:** AllOthersExpended**Row Name:** All Others**Column Name:** Expended**Year:** 2004**Field Note:**

Womens health programs: Title V expenditures for womens health and family planning general funds and Title V expenditures for women > 21 years old.

13. Section Number: I. Federal-State MCH Block Grant Partnership**Field Name:** AdminBudgeted**Row Name:** Administration**Column Name:** Budgeted**Year:** 2006**Field Note:**

Includes expenditures for administrative staff and cost allocation charges.

14. Section Number: I. Federal-State MCH Block Grant Partnership**Field Name:** AdminExpended**Row Name:** Administration**Column Name:** Expended**Year:** 2003**Field Note:**

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

15. Section Number: I. Federal-State MCH Block Grant Partnership**Field Name:** AdminExpended**Row Name:** Administration**Column Name:** Expended**Year:** 2004**Field Note:**

Lower than budgeted expenditures.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: OR

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,607,587	\$ 5,097,024	\$ 5,400,834	\$ 0	\$ 7,240,086	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 8,564,121	\$ 14,061,340	\$ 9,712,158	\$ 0	\$ 14,609,456	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,741,325	\$ 3,629,591	\$ 1,670,661	\$ 0	\$ 2,487,427	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 10,030,424	\$ 13,307,388	\$ 10,480,684	\$ 0	\$ 12,454,768	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 24,943,457	\$ 36,095,343	\$ 27,264,337	\$ 0	\$ 36,791,737	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: OR

TYPE OF SERVICE	FY 2001		FY 2002		FY 2003	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 6,812,772	\$ 3,359,743	\$ 4,137,105	\$ 4,003,550	\$ 4,423,335	\$ 4,150,202
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 17,318,777	\$ 7,697,613	\$ 5,684,164	\$ 8,788,092	\$ 8,278,049	\$ 10,031,818
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 5,392,595	\$ 3,058,443	\$ 4,224,801	\$ 3,504,207	\$ 2,046,516	\$ 2,994,364
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,256,729	\$ 9,385,470	\$ 6,260,066	\$ 9,838,308	\$ 9,576,274	\$ 10,522,622
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 35,780,873	\$ 23,501,269	\$ 20,306,136	\$ 26,134,157	\$ 24,324,174	\$ 27,699,006

FORM NOTES FOR FORM 5

NOTE FOR ALL EXPENDITURES: Expenditures are not final at the time of preparation, the Title V and other grants are not yet closed, and state biennial budgeting cycle can change how some funds are reported at the time.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2004
Field Note:
Unbudgeted expenditures in county level high-risk infant tracking home visiting programs, due to increases in Medicaid Administrative Match revenues.
2. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Metabolic newborn screening fees in the Public Health Lab were previously reported as Program Income. For 2005 application/2003 report, it has been determined that this is not program income to the state's Title V program, but rather part of the other funds received and expended generally on the Title V population.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2004
Field Note:
Unbudgeted expenditures in high-risk infant tracking and newborn screening referral to services.
4. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
State funds include Medicaid match funds and other private foundation grants, which may fluctuate from the time of the budget amount and reporting of expenditures. In addition, budgeted amounts are only those funds that were approved by the Legislature at the time of projection, and may not reflect new funds.
5. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Unbudgeted expenditures in restored school-based health center program, which was eliminated at the time of 2004 budget estimates.
6. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2004
Field Note:
Unbudgeted expenditures in CSHCN programs and high risk infant tracking.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: OR						
Total Births by Occurrence: 46,444				Reporting Year: 2004		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	46,444	100	10	2	2	100
Congenital Hypothyroidism	46,444	100	766	16	16	100
Galactosemia	46,444	100	4	0	0	
Sickle Cell Disease	46,444	100	11	6	6	100
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Confirmed cases include those that are confirmed AND need treatment. For the number that were confirmed, but did not need treatment see the note for the confirmed number of each specific screening.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2006
Field Note:
This measure includes only those confirmed cases (3) that needed treatment (2).
2. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2006
Field Note:
Of the 16 cases that were confirmed all of them needed treatment.
3. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2006
Field Note:
Confirmed cases include only those that were confirmed and needed treatment. In the case of Sickle Cell Disease or Hemoglobin Disease, there were 9 confirmed cases, but only 6 that needed treatment.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: OR

Reporting Year: 2004

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	7,119	49.8		4.8	45.4	0.1
Infants < 1 year old	5,474	69.3		9.7	20.6	0.4
Children 1 to 22 years old	2,976	77.1		8.3	14.4	0.2
Children with Special Healthcare Needs	7,574	49.0		43.0	6.0	2.0
Others						
TOTAL	23,143					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2006
Field Note:
Total infants <1 include all those served by our Babies First! program, a Title V funded program for infants. This data is consistent with previous years, but does not come within 10% of the total births by occurrence(46,444) on Form 6.
2. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2006
Field Note:
This number represents all children seen through CCN, CaCoon, FSP and the CDRC clinics in FY 04- July 1 2003 to June 30 2004.
3. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2006
Field Note:
All populations served by Title V have been included in other fields.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: OR

Reporting Year: 2004

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	44,960	40,360	1,033	852	2,258	223		234
Title V Served	5,474	3,413	288	51	66			1,656
Eligible for Title XIX	18,128	16,321	679	514	481	57		76
INFANTS								
Total Infants in State	44,735	40,162	1,025	846	2,247	222		233
Title V Served	5,474	3,413	288	51	66			1,656
Eligible for Title XIX	18,025	16,229	674	511	478	57		76

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	36,125	8,672	163	7,965	38	102	371	196
Title V Served	4,013	1,247	214					1,247
Eligible for Title XIX	12,160	5,920	48	5,546	20	50	190	114
INFANTS								
Total Infants in State	35,937	8,635	163	7,931	38	101	369	196
Title V Served	4,013	1,247	214					1,247
Eligible for Title XIX	12,078	5,899	48	5,526	20	50	189	114

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2006
Field Note:
The number of total infants in the state is not within 10% of the total number of infants served by Title V (reported on Form 7). However, this number is consistent with reporting for previous years.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: OR

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number	(800) SAFENET	(800) SAFENET	(800) SAFENET	(800) SAFENET	(800) SAFENET
2. State MCH Toll-Free "Hotline" Name	211 Info (SafeNet)	Oregon Health Safenet	Oregon Health Safenet	Oregon Health Safenet	Oregon Health Safenet
3. Name of Contact Person for State MCH "Hotline"	Jeri Shumate	Bonnie Teschner	Bonnie Teschner	Bonnie Teschner	Bonnie Teschner
4. Contact Person's Telephone Number	503-226-3099	(503) 306-5519	Bonnie Teschner	Bonnie Teschner	Bonnie Teschner
5. Number of calls received on the State MCH "Hotline" this reporting period	0		30,747	29,471	36,597

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: OR

	FY 2006	FY 2005	FY 2004	FY 2003	FY 2002
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2006
[SEC. 506(A)(1)]
STATE: OR

1. State MCH Administration:
(max 2500 characters)

The Oregon State Health Division, of the Dept of Human Services, administers the Title V Program. The services located in the Title V agency include grants to counties, policy and program development and evaluation, population-based assessment and surveillance, and leadership and coordination of health systems and services for MCH populations, including high-risk pregnant women, infants and children, adolescents, and children with special health care needs. The Child Development and Rehabilitation Center, in the Oregon Health and Science University, administers the Title V Program for children with special health needs.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 6,545,709
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 24,383,105
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 5,862,923
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 36,791,737

9. Most significant providers receiving MCH funds:

County Health Departments

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	7,119
b. Infants < 1 year old	5,474
c. Children 1 to 22 years old	2,976
d. CSHCN	7,574
e. Others	

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Community Based Assistance Project: Assistance in LHDs for pregnant women and families in applying for the Oregon Health Plan Maternity Case Management: Nurse case management for high risk womenMothersCare: Partnership of service providers to coordinate and promote access to prenatal careLove Shouldn't Hurt Committee: Consortium of community coalitions to raise awareness and promote education about domestic violenceWIC-Immunization (WICImm): Collaboration to identify and refer WIC clients needing immunizations. CSHCN: Subsidizing pediatric specialty clinics of the CDRC; Payment of hospital, physician and ancillary services billings for eligible children; Payment of transportation and lodging for families traveling to receive services; Payment for respite care for families.Olds Model for Prenatal Service Delivery: Replication in two Oregon counties (urban and rural) with CCFH and CDRC exploring development of a statewide project to replicate the Olds models in other counties

b. Population-Based Services:
(max 2500 characters)

Oregon MothersCare: an initiative to build partnerships to streamline, coordinate and promote access to early prenatal care through coordination of referral systems which link women to the state toll-free hotline Family Planning Expansion Project: HCFA 1115 waiver (pending approval) to increase system capacity by expanding Medicaid coverage for family planning servicesGovernor's Task Force on Youth Suicide: Governor-appointed of public/private organizations studying and making recommendations for coordinating services and increasing awareness for youth suicide preventionGovernor's Action Committee to Reduce Teen Pregnancy: Governor-appointed committee to develop recommendations and outreach to reduce teen pregnancyOregon Coalition to Reduce Underage Drinking: Broad-based, youth-oriented forum focused on influencing environmental factors contributing to underage drinkingEarly Childhood Caries Prevention Coalition: Provider coalition to develop statewide caries prevention for high risk childrenOregon's Child Everyone's Business: Public/private coalition to improve the well-being of Oregon childrenStatewide Oral Health Initiative: public-private partnership to educate, develop and implement activities to promote improved oral health of OregoniansOregon Childrens Plan - screening and referral of all at-risk births in Oregon collaboration with the Oregon Commission for Children and Families

c. Infrastructure Building Services:
(max 2500 characters)

FamilyNet and Family/Child Module: Linked data systems for early childhood; ALERT Immunization Registry: Public/private partnership to develop tracking system for immunizations for all children; VISTA Health Links: Provide client assistance for information, referral, and payment methods at LHDs Oregon Partnership to Immunize Children - public/private provider coalition to develop outreach activities to increase the rate of immunizations of two-year olds; SAFENET: MCH Hotline for information, referral, and assistance for all types of health services; Community Genetics and Ethics Planning: statewide genetics planning process to include a community assessment around data, services, education and policy needs; CSHCN: organizations working with 12 communities in developing community based secondary level clinics under the Community Connections programWorking with the Oregon Dept. of Education's EI/ECSE program to assure that health issues are addressed along with the educational issues; Participating with the Medical Director of OMAP and Medical Directors of palns in developing quality assurance and best practice guidelines for CSHCN Care Coordination (CaCoon) services through contracts with local health departments for public health nurses; Coordination with the state Medicaid agency, OMAP, in evaluating the impact of Medicaid managed care on CSHCN, develeoping provider education programs, and participating in quality assurance efforts

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

Name	Katherine Bradley, RN, PhD
Title	Administrator, Office of Family Health
Address	800 N.E. Oregon St
City	Portland
State	OR
Zip	97232
Phone	971-673-0233
Fax	971-673-031
Email	katherine.bradley@state.or.us
Web	http://www.oregon.gov/DHS/ph/ofhs/

Name	Robert Nickel, MD
Title	Director, CDRC
Address	P.O. Box 574
City	Portland
State	OR
Zip	97207
Phone	(503) 494-6961
Fax	(503) 434-6868
Email	nickelr@ohsu.edu
Web	http://cdrc.ohsu.edu/

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: OR

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	100	100	100	100	100
Annual Indicator			100.0	100.0	100.0
Numerator			30	33	24
Denominator			30	33	24
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				55	57
Annual Indicator			54.6	54.6	54.6
Numerator				62,990	62,990
Denominator				115,367	115,367
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	59	61	63	65	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				53	55
Annual Indicator			52.3	52.3	52.3
Numerator				60,337	60,337
Denominator				115,367	115,367
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	60	65	70	75	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				56	57
Annual Indicator			55.7	55.7	55.7
Numerator				64,259	64,259
Denominator				115,367	115,367
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	58	59	60	61	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				74	75
Annual Indicator			73.9	73.9	73.9
Numerator				85,256	85,256
Denominator				115,367	115,367
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	78	80	85	90	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective				6	6
Annual Indicator			5.8	5.8	5.8
Numerator				6,691	6,691
Denominator				115,367	115,367
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	10	17	20	23	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	75	77	77	78	79
Annual Indicator	74.7	68.5	70	76.5	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	79	80	80	80.5	80.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	26	26	25.5	17.5	17
Annual Indicator	23.1	20.4	17.7	16.5	
Numerator	1,656	1,477	1,307	1,225	
Denominator	71,688	72,467	73,643	74,433	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	16	15.5	15	14.5	14
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	30	50	55	55	55
Annual Indicator	50.0	NaN	50.0	50.0	50.0
Numerator	650	0	650	650	650
Denominator	1,301	0	1,301	1,301	1,301
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	55	55	55	55	55
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	4	3.9	3.8	3.7	3.6
Annual Indicator	3.8	4.8	2.7	4.4	
Numerator	27	34	19	32	
Denominator	710,367	713,361	716,526	722,905	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	3.4	3.2	3	2.8	2.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	87	87	88	89.5	90
Annual Indicator	88.6	88.1	89.1	88	88
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90.5	91	91.5	92	92.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	92	93	93	98.5	98.8
Annual Indicator	81	91.5	NaN	95.0	93.4
Numerator		42,020	0	43,565	43,310
Denominator		45,947	0	45,844	46,357
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	99.1	99.4	99.7	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	9.1	9.2	9.1	9.1	9
Annual Indicator	8.1	NaN	10.1	10.1	12.0
Numerator	69,068	0	80,956		101,616
Denominator	856,278	0	797,866		848,001
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	9	9	9	8.9	8.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	92	90	80	80	80
Annual Indicator	77.3	77.1	76.9	77.3	77.8
Numerator	224,751	238,962	249,388	247,452	248,562
Denominator	290,718	309,790	324,433	319,964	319,433
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80.5	80.5	81	81
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.0	1.0	1.0	1.0	
Numerator	452	435	472	466	
Denominator	45,786	45,318	45,190	45,935	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	0.9	0.9	0.9	0.9	0.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	9	8.5	8.5	8	8
Annual Indicator	13.0	6.0	8.0	6.3	
Numerator	32	15	20	16	
Denominator	245,520	248,078	250,518	253,202	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	6	6	5.8	5.8	5.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	85	85	85	85	85
Annual Indicator	81.2	83.7	82.4	76.8	81.9
Numerator	367	364	388	358	397
Denominator	452	435	471	466	485
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	83	83	84	84	85
Annual Indicator	81.1	81.4	81.6	81.0	
Numerator	37,114	36,903	36,859	37,207	
Denominator	45,786	45,318	45,190	45,935	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of pregnancies among women 15-44 that are intended

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	48	50	50	51	51
Annual Indicator	47.7	46.8	48.3	49.7	
Numerator			28,084	28,955	
Denominator			58,172	58,314	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	52	53	53.5	54	54.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of women who had live births who took folic acid most days in the month before becoming pregnant.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	34	35	37	40	42
Annual Indicator	36.8	37.4	37.2	36.8	
Numerator			16,810	16,324	
Denominator			45,190	44,406	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	43	43	43.5	43.5	44
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of pregnant women reporting no tobacco use.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	86	86.5	87	87	87.5
Annual Indicator	86.5	87.2	87.6	88.1	
Numerator			39,572	40,483	
Denominator			45,190	45,935	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	88	88.3	88.7	89	89.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of children 0-4 who are observed riding in cars restrained in child safety seats.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	68	70	73	75	78
Annual Indicator	66	69	74.0	73.0	76
Numerator			168,474	166,937	
Denominator			227,668	228,681	
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	80	80	80	81	81
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Percent of 8th graders who report not using cigarettes in the previous month

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	85%	85	86	86	87
Annual Indicator	87	87.7	89.3	89.5	91.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	91	91.5	92	92.5	93
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Percent of Oregonians living in a community where the water system is optimally fluoridated.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	25	27	27	27	27
Annual Indicator	25	22.7	20.1	19.2	20.3
Numerator		612,483	629,236	678,853	728,469
Denominator		2,700,000	3,123,532	3,541,500	3,582,600
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	27	28	28	30	30
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Percent of K-12 students with access to a State Certified school-based health center.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	6	7	7	7	7
Annual Indicator	7.5	6.3	6.7	6.4	6.8
Numerator	40,534	34,782	34,227	32,642	37,493
Denominator	542,427	548,659	512,918	509,327	551,276
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	7	7	7	7	7.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Percent of CSHCN in Oregon receiving appropriate care coordination services

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	25%	25%	28	28	30
Annual Indicator	29.0	27.0	27.0	27.0	35.7
Numerator	4,527	4,134	3,115	3,142	4,825
Denominator	15,613	15,312	11,537	11,636	13,528
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	30	30	30	30	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Degree of participation in the collaborative effort of developing a statewide data system to support Oregon's early childhood program needs.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective		80	80	85	85
Annual Indicator			82.8	83	82.3
Numerator					494
Denominator					600
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	90	90	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

Percent of providers in Oregon participating in an educational experience addressing CSHCN.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	3%	90	91	93	94
Annual Indicator	5.8	90.3	86.3	93.2	97.7
Numerator	104	121	101	124	130
Denominator	1,785	134	117	133	133
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	95	95	95	95	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2003
Field Note:
Changes in this measure occurred in 2003. The differences in the numerators and denominators now measure the numbers of positive metabolic tests that received a follow-up. The previous measure counted the percent of all births receiving a screen; the previous measure results are not reflected here.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
3. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
4. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
The data reported for 2004 comes from the same SLAITS data that is reported for 2003.
5. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
6. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
7. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
8. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 indicator is based on the State estimates from SLAITS.
9. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2003
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.
10. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2004
Field Note:
The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.
11. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2002

Field Note:

The 2002 indicator is based on the State estimates from SLAITS.

12. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.

13. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

14. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2002**Field Note:**

Because only one of the States (Maine) met the NCHS standards for reliability for PM 6, the 2002 indicator is the national average except for Maine which has its State value noted.

15. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure. The denominator is projected based on the SLAITS estimate that 13% of Oregon's children qualify as children with special health needs.

16. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

17. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2002**Field Note:**

Need note. See error message below.

Errors on Form Submission

1. You have entered a manual indicator for 2002 without adding a corresponding note. Please explain in a note the use of the manual indicator rather than a numerator and denominator.

18. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2003**Field Note:**

1) Data reported by fiscal year.

2) Data for 2002 was corrected.

State Performance Measure 7 is reported based on statistics from the NIH survey. Results have a very large margin of error based on their small sample size, therefore, they may vary substantially.

3) The high variability in the immunization rates is a result of confidence interval range from 5.9 to 6.2 for years 1999-2003.

19. Section Number: Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2004**Field Note:**

NIS data for 2004 will not be available until Fall 2005.

20. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2002**Field Note:**

The software that calculates the rate given the numerator and denominator reports a slightly different number (17.7) than the actual birth rate (17.8). This cannot be changed on the screen.

21. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2003**Field Note:**

Vital Stats data is not yet available for 2003. It will become available in 2005.

22. Section Number: Performance Measure #8

- Field Name:** PM08
Row Name:
Column Name:
Year: 2004
Field Note:
a) No data available until late fall or early winter 2005.
b) The target for 2004 is better than the annual indicator for 2003, however, it is not possible to adjust the 2004 target. The 2005 -2009 targets were adjusted.
23. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2002
Field Note:
Data source is the Oregon Smile Survey, last performed in 2000. Numerator and denominator is carried forward for each year. The next Smile Survey is tentatively scheduled for 2006, however, beyond that time the survey's continuation is unknown.
24. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2003
Field Note:
Data source is the Oregon Smile Survey, last performed in 2000. Numerator and denominator is carried forward for each year. The next Smile Survey is tentatively scheduled for 2006, however, beyond that time the survey's continuation is unknown.
25. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2004
Field Note:
The next anticipated dateData source is the Oregon Smile Survey, last performed in 2000. Numerator and denominator is carried forward for each year. The next Smile Survey is tentatively scheduled for 2006, however, beyond that time the survey's continuation is unknown. for this information to be collected is in 2006.
26. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2002
Field Note:
Updated in 2006 report, changed source data.
27. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2003
Field Note:
Vital Stats will not have 2003 information until 2005.
28. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2004
Field Note:
No data available until spring 2006.
29. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2003
Field Note:
0) Due to unavailability of data from Mother's Survey, Ross Products Division, the data source for 2003 has been estimated as the % of those "ever breastfed" as reported to the CDC's NIS survey.
1) Data source changed in 2002 to Mothers Survey, Ross Products Division, Abbott Laboratories from Oregon Public Health Lab data.
2) Data from 1999 through 2001 has been corrected to reflect data from Ross.
30. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2004
Field Note:
Based on 2003 estimate from NIS data.
31. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2002
Field Note:
The 2002 data previously reported included data from 2002 - 2003. This information was slightly different than other years data because it only included hospitals that were mandated for hearing screening rather than all births. The information has been removed.
32. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2003
Field Note:
The 2003 numerator is an estimate of all infants that received a hearing screening during 2003, not only those that were screened prior to hospital discharge.
33. **Section Number:** Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2004

Field Note:

The denominator is not the same as all births because deaths have been subtracted.

Information is reported for all hearing screenings, not just those performed prior to hospital discharge.

34. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2003

Field Note:

Data is only available every other year, so the estimate for 2003 is based on the 2002 data.

35. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2002

Field Note:

Need note. See error message below.

Errors on Form Submission

1. WARNING! You have not provided data for the reporting year, 2002. If an actual number is not available, make an estimate. If neither actual data nor an estimate can be provided, please click on the Notes icon next to the performance measure number and enter a note. In this note: 1) explain why the data are unavailable at this time and 2) indicate when (timeframe) the data will be provided

36. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2003

Field Note:

2003 low weight birth data is not yet reported for the state. It will become available in 2005.

37. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2004

Field Note:

No data available until Spring 2006.

38. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2002

Field Note:

Errors on Form Submission

1. WARNING! You have not provided data for the reporting year, 2002. If an actual number is not available, make an estimate. If neither actual data nor an estimate can be provided, please click on the Notes icon next to the performance measure number and enter a note. In this note: 1) explain why the data are unavailable at this time and 2) indicate when (timeframe) the data will be provided.

39. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2003

Field Note:

Vital Stats data for 2003 will not be available until 2005.

40. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2004

Field Note:

a) Data for 2004 will not be available until Spring 2006.

b) The performance target for 2004 has been surpassed by the annual indicator for 2003, however it is not possible to change the 2004 target. All subsequent annual targets have been adjusted.

41. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2002

Field Note:

Updated 4/20/05.

42. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2003

Field Note:

Data for 2003 will not be available until 2005.

43. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2002
Field Note:
2002 numbers have been changed to reflect a better source of the data.

44. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2003

Field Note:

Vital Stats data for 2003 will not be available until 2005.

45. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2004

Field Note:

2004 data will not be available until spring 2006.

46. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2002

Field Note:

Corrected 4/21/05.

47. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2003

Field Note:

Data for 2003 will not be available until September 2005.

48. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2004

Field Note:

Not available until summer 06.

49. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2002

Field Note:

Incorrect number reported in 2005 report, numbers changed on 4/20/05.

50. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2003

Field Note:

The 2002 data numerator and denominator are estimated based on the total population of pregnant women 15-44. The proportion represents the women 15-44 that took folic acid at least one day a week prior to becoming pregnant.

51. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2004

Field Note:

Data for 2004 will not be available until summer 2006.

52. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2002

Field Note:

Need note. See error message below.

Errors on Form Submission

1. You have entered a manual indicator for 2002 without adding a corresponding note. Please explain in a note the use of the manual indicator rather than a numerator and denominator.

53. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2003

Field Note:

Vital Stat data for 2003 will not be available until 2005.

54. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2004

Field Note:

2004 data unavailable until spring 2006.

55. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2002

Field Note:

Need note. See error message below.

Errors on Form Submission

1. You have entered a manual indicator for 2002 without adding a corresponding note. Please explain in a note the use of the manual indicator rather than a numerator and denominator.

56. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2003

Field Note:

State Performance Measure 4 indicator comes from a Oregon Department of Transportation annual survey. The numerator and denominator are based on the total population for that age group.

57. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2004

Field Note:

Numerator and Denominator figures were not available for 2004, however, the measure is based on the same source as the previous years.

58. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2002

Field Note:

Need note. See error message below.

Errors on Form Submission

1. You have entered a manual indicator for 2002 without adding a corresponding note. Please explain in a note the use of the manual indicator rather than a numerator and denominator.

59. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2004

Field Note:

Numerator and Denominator are not available because they are based on an unweighted count including refused and not answered responses.

60. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2003

Field Note:

Numerator is an estimate of the difference between the number of people living in communities with fluoridated water between 2002 and 2004. Denominator is 2003 Or total pop estimate as of July 1, 2003.

61. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2004

Field Note:

The Numerator includes the population of residents living in the cities where the water is fluoridated up to 1.0mg as of 7/30/2004. Denominator is based on a July 1, 2004 estimate from the Oregon total Population Research Center. Although the portion of the population that has fluoridated water reduced slightly from 2003 to 2004 this is due to using the same estimate for the number of people that received fluoridated water while the population (denominator) increased. There was actually no decrease.

62. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2002

Field Note:

Need note. See error message below.

Errors on Form Submission

1. WARNING! You have not provided data for the reporting year, 2002. If an actual number is not available, make an estimate. If neither actual data nor an estimate can be provided, please click on the Notes icon next to the performance measure number and enter a note. In this note: 1) explain why the data are unavailable at this time and 2) indicate when (timeframe) the data will be provided.

63. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2003

Field Note:

The 2003 % of children served by SBHC includes all centers that were open for any part of the year. During February 2004 (2003-2004 school year and 2003 reporting year) state funding was eliminated for 20 SBHC and 6 of those closed. Funding was reinstated during August 2004.

64. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:**Year:** 2003**Field Note:**

Incomplete data, four counties not reporting. The numerator is derived from State CSHCN program data. These data identify those individuals who are receiving appropriate care coordination service in Oregon. The denominator is a derived number calculating 10% of the CSHCN population under 21.

65. Section Number: State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2004**Field Note:**

The denominator is derived from taking 13.34 percent of total population of children in Oregon age 0-21 from 2003 census which is 1,014,111. 13.34 percent is 135,282 for all CSHN. Then we take 10 percent of this CSHN number to get the total of children with complex needs which is 13,528.

The numerator is derived from a sum of CSHN program clients (unduplicated) including CCN, FSP and CaCoon and the nursing and social work services from the CDRC clinics. The CaCoon numbers may be low due to two counties not reporting. The numerical breakdown is as follows.

FSP=270, CCN=268, CaCoon=1149(may be low), CDRC Nursing =1,568, CDRC Social work=1,570. The sum of all these services is 4825. CDRC nursing reported a significant increase in their client numbers over previous fiscal years.

66. Section Number: State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2002**Field Note:**

Numerators and denominators represent the sum of the participation of organizations in three efforts: cshcn data systems, early childhood data systems, and FamilyNet data systems.

67. Section Number: State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2003**Field Note:**

The 2003 data for this measure has been estimated based on last year's results and current participation.

68. Section Number: State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2004**Field Note:**

This number was estimated based on an average percent of organizations that attended specific types of meeting for design of the system. For all meetings when parent organizations were invited, they attended.

69. Section Number: State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator includes providers in Title V Community-based programs for which CDRC is responsible to train. The denominator has dropped significantly from 2000 to 2001 and beyond when we elected to evaluate performance in relation to the actual number of providers we would anticipate reaching through our training programs. The denominator is the total number of providers the State CSHCN program works throughout the state. The numerator is the actual number of those providers who are documented as having attended a state CSHCN program sponsored training program.

70. Section Number: State Performance Measure #10**Field Name:** SM10**Row Name:****Column Name:****Year:** 2004**Field Note:**

The denominator is the total number of providers the State CSHCN program works with throughout the state. This number includes CaCoon RNs and promotoras, 5 members from each of 15 CCN teams and the Medical Home practices.

The numerator is the actual number of the above providers who are documented as having attended any state CSHCN program sponsored training program or event.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: OR

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	5.6	5.5	5.4	5.4	5.3
Annual Indicator	5.6	5.4	5.8	5.6	5.6
Numerator	255	245	260	256	
Denominator	45,786	45,318	45,190	45,935	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5.3	5.3	5.3	5.2	5.2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	2.4	2.4	2.3	2.3	2.2
Annual Indicator	2.9	1.6	2.5	1.8	1.8
Numerator	15.7	8.6	13.9	9.9	
Denominator	5.4	5.5	5.6	5.5	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	2	1.9	1.8	1.7	1.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	3.1	3.1	3.1	3.1	3.1
Annual Indicator	4.2	3.6	3.8	3.8	3.8
Numerator	192	163	172	173	
Denominator	45,193	45,786	45,190	45,935	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	3.1	3.1	3.1	3.1	3.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2000	2001	2002	2003	2004
Annual Performance Objective	2.5	2.4	2.3	2.3	2.2
Annual Indicator	1.5	2.1	1.7	1.8	1.8
Numerator	69	97	77	83	
Denominator	45,193	45,786	45,190	45,935	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2005	2006	2007	2008	2009
Annual Performance Objective	2	1.9	1.8	1.7	1.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	8.8		5.5	5	5
Annual Indicator	6.0	5.6	6.1	5.5	5.5
Numerator	271	255	277	255	
Denominator	45,193	45,786	45,412	46,119	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	2000	2001	2002	2003	2004
Annual Performance Objective	23	2.2	2.2	21	21
Annual Indicator	20.9	16.1	20.7	21.1	21
Numerator	137	107	139	143	
Denominator	656,988	665,043	671,335	676,970	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2005	2006	2007	2008	2009
Annual Performance Objective	20	20	20	19	19
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2002
Field Note:
Data for 2002 was updated to include neonatal mortality with unreported birthweights. (Previously excluded)
2. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2004
Field Note:
Mortality data for 2004 will not be available until Spring 2006.
3. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2003
Field Note:
The race of infants is based on their mother's race for the denominator.
4. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2004
Field Note:
Mortality data for 2004 will not be available until spring 2006.
5. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2002
Field Note:
Updated 2002 numerator - previously did not include unreported birthweight. Updated denominator.
6. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2003
Field Note:
1. Denominators changed to reflect cohort year population.
2. Numerators corrected to reflect final vital stat data.
7. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2004
Field Note:
Death data for 2004 unavailable until spring 2006.
8. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2002
Field Note:
Previous data for 2002 was updated to include postneonatal mortality that had unreported birthweight.
9. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2003
Field Note:
1. Denominators changed to reflect cohort year population.
2. Numerators corrected to reflect final vital stat data.
10. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2004
Field Note:
Mortality data for 2004 is unavailable until spring 2006.
11. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2002
Field Note:
Updated 2002 denominator because it did not include fetal deaths (as required by HRSA definition).
12. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2003

Field Note:

1. Denominators changed to reflect cohort year population.
2. Numerators corrected to reflect final vital stat data.
3. Fetal deaths include those at 28 weeks of gestation.

13. Section Number: Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2004

Field Note:

Mortality data for 2004 is unavailable until spring 2006.

14. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2002

Field Note:

Updated 2002 denominator to be all children age 1-14.

15. Section Number: Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2004

Field Note:

Mortality data for 2004 is unavailable until spring 2006.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: OR

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 14

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: OR FY: 2006

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improve the health of children and families by increasing the percent of births that are intended.
2. Improve early child development and access to early intervention services by increasing the percent of infants diagnosed with hearing loss that are enrolled in early intervention before 6 months of age.
3. Improve access to well-child care by increasing the percent of children that complete the 4th DTaP vaccine between 12-18 months of age.
4. Reduce low birthweight and improve the health of women and their newborns by increasing the percent of pregnant women who quit smoking during pregnancy and continued quit after pregnancy.
5. Improve access to adolescent health care by decreasing the percent of 11th graders who report having unmet health care needs.
6. Improve health behaviors of adolescents by increasing the percent of adolescents (8th and 11th graders) who report 3 or more days of vigorous physical activity in the last 7 days.
7. Improve oral health by increasing the percent of Oregonians living in a community where the water system is optimally fluoridated.
8. Improve the care of children and youth with special health needs by increasing the percent of health care providers who report confidence in caring for CYSHN and their families
9. Improve access to health care for children and youth with special health needs by increasing the percent of families of CYSHN who report costs not covered by insurance were usually or always reasonable.
10. Improve access and availability of health care in rural areas by increasing the percent of families of CYSHN who reside in rural areas who report that needs are usually or always met.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: OR

APPLICATION YEAR: 2006

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Develop systems and processes for ongoing assessment, planning, and evaluation for the local MCH program contractors (county health departments)	To improve systems for aligning state contracting, planning, and assessment processes with MCH priorities	Consultants or facilitators skilled in MCH systems planning
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Facilitate joint strategic planning with state and local MCH partners to expand collaborations, set priorities	To improve capacity for participatory and collaborative decision-making and program planning	Consultants skilled in collaborative and participatory planning process
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 9 </u>	Training, consultation and technical assistance is needed to develop our knowledge and advocacy skills relative to health care financing, along with health care research and advocacy and benefits counseling skills.	As the services provided through the OSCSHN shift from direct care to building systems of care, it is important that we understand how most effectively to partner with public and private insurers and their funding mechanisms.	Technical assistance from Bobby Peterson. Attorney at ABC for Health
4.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 4 </u>	Training, consultation and technical assistance is needed to develop our knowledge and advocacy skills relative to health care financing, along with health care research and advocacy and benefits counseling skills.	As the services provided through the OSCSHN shift from direct care to building systems of care, it is important that we understand how most effectively to partner with public and private insurers and their funding mechanisms.	Technical assistance from Bobby Peterson. Attorney at ABC for Health
5.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> 2 </u>	Technical Assistance is requested to learn about methods and strategies to build state and community teams through on-site training and consultation with our state and community level staff.	OSCSHN is integrating community-based programs at the state and community levels to further develop and promote health services and systems of care designed to eliminate disparities and barriers across the MCH population.	Technical assistance from Tawara D. Goode, MA at National Center for Cultural Competence
6.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Technical assistance to develop adequate privacy policies and processes for use in programming data sharing information systems	to assure the state's FamilyNet client data system has appropriate technology and process for client record privacy	Technical experts in HIPAA and privacy issues
7.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Develop skills and knowledge for program staff to create and manage program evaluation/continuous improvement systems to improve efficiency of MCH program design and delivery	To improve system capacity for program evaluation and quality	Consultants skilled in MCH continuous improvement systems development
8.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Assist MCH programs to integrate mental health with MCH priorities through development of program activities and strategies and performance measures	to improve the state's ability to monitor improvement in mental health status of MCH populations	Consultants skilled in program planning and integrated mental health/MCH program development
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National			

	Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: OR

SP # 1

PERFORMANCE MEASURE:

Percent of pregnancies among women 15-44 that are intended

STATUS:

Active

GOAL

Increase the number of pregnancies that are intended among women 15-44 years.

DEFINITION

Numerator:

The number of abortions reported plus the estimated number of unintended pregnancies resulting in live births, the latter based on the number of women reporting to PRAMS that they wanted to be pregnant later or not at any time in the future, weighted to reflect a percent of Oregon's population of women delivering live infants.

Denominator:

The number of live births registered plus the number of abortions reported.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

To track with other measures cited here, the proportion of intended pregnancies is estimated at 1- the proportion of unintended pregnancies (estimated as in the past). This measure was changed to "intended" to track with the Healthy People 2010 Objectives and the Oregon Benchmarks. For live births, intendedness is derived from self reports on the PRAMS survey (about 4 months post partum). Abortion data are reported to the OHD Center for Health Statistics. It is assumed that proportions would not change if intendedness of pregnancies resulting in fetal deaths or spontaneous abortions were known and included.

SIGNIFICANCE

The Institutes of Medicine report, "Best Intentions," published in 1995, indicates that unintended pregnancies are an important indicator for the MCH status. The report states: "A woman with an unintended pregnancy is less likely to seek early prenatal care and more likely to expose the fetus to ... tobacco or alcohol. The child of an unwanted conception especially (as distinct from a mistimed one) is at greater risk of being born at low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. The mother may be at greater risk of depression and of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father may suffer economic hardship and may fail to achieve their educational and career goals."

SP # 2

PERFORMANCE MEASURE:

Percent of women who had live births who took folic acid most days in the month before becoming pregnant.

STATUS:

Active

GOAL

Increase the prevalence of folic acid use among women prior to their becoming pregnant

DEFINITION

xx

Numerator:

Number of women who reported having taken a multi-vitamin 1 to 7 days a week in the month before becoming pregnant.

Denominator:

Number of women responding to the PRAMS survey item, weighted to represent Oregon's population of women delivering live infants.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Folic acid use is estimated from responses to PRAMS, about 4 months post partum. About 79% of new mothers report awareness that folic acid can help prevent some birth defects. Data have been weighted to represent all women giving birth during the year. The Center also plans some further testing of reliability and generalizability of the data.

SIGNIFICANCE

Preconceptual folic acid use has been associated with a reduction in neural tube defects. Folic acid use may also be an indicator of vitamin consumption prior to pregnancy.

SP # 3

PERFORMANCE MEASURE:

Percent of pregnant women reporting no tobacco use.

STATUS:

Active

GOAL

Reduce the number of women who use tobacco during pregnancy.

DEFINITION

Numerator:

Number of births where certificate showed the mother smoked one or more cigarettes during the pregnancy

Denominator:

Number of births recorded

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Currently, the only data analyzed are birth records, which are known to under-report the prevalence of smoking during pregnancy. The bias toward under-reporting may be increasing as awareness of the risks of cigarette use grows. PRAMS may provide less biased measures of tobacco use, but further analysis is needed.

SIGNIFICANCE

Smoking during pregnancy is associated with fetal death, low birthweight, SIDS rate increase, and respiratory difficulties for newborns. Smoking among pregnant women is associated with alcohol and other drug use, both of which are harmful to the fetus.

SP # 4

PERFORMANCE MEASURE:

Percent of children 0-4 who are observed riding in cars restrained in child safety seats.

STATUS:

Active

GOAL

Increase the observed number of children aged 0-4 riding in cars restrained in child safety seats.

DEFINITION

Numerator:

Children aged 0-4 that are observed to be riding in motor vehicles, appropriately restrained in safety seats.

Denominator:

US Census Bureau estimates of children aged 0-4

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data from the Oregon Occupant Protection Observation Study, Oregon Dept. of Transportation (Carla Levinski) Issues with this measure have to do with the incorrect use of safety seats. The observed use percentage does not address the need to work with parents on correct installation. Oregon's correct use percentage is also a problem that is addressed as part of the ongoing effort to provide parents opportunities through safety seat clinics to have their car seat installations evaluated and receive training from certified technicians.

SIGNIFICANCE

This measure is used to gage the effectiveness of Oregon's child restrain laws on parents' behavior. There is also a need for work in enforcement priorities, health education priorities, and targeting for safety seat clinics and voucher program efforts in the state of Oregon.

SP # 5

PERFORMANCE MEASURE:

Percent of 8th graders who report not using cigarettes in the previous month

STATUS:

Active

GOAL

Increase the proportion of 8th graders free from smoking use during the previous month.

DEFINITION

xxx

Numerator:

Number of 8th graders reporting no cigarette use during the previous month.

Denominator:

Total number of 8th graders responding to questions about cigarette use.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Youth Risk Behavior Survey, administered in odd-numbered years, and the Oregon Public School Drug Use Survey, administered in even-numbered years, are sources of data on use of alcohol, tobacco, and marijuana during the prior 30 days by 8th graders. The middle school survey covers 6th, 7th and 8th graders. While 8th graders surveyed in one year may also be surveyed as a 10th or as a 12th grader, no longitudinal comparisons are possible because there is no identification of individual respondents. In 1997, the items concerning tobacco use were changed to be consistent. Both surveys will allow us to measure trends in prevalence of tobacco use now that issues of item similarity and survey representativeness appear to have been resolved.

SIGNIFICANCE

Adolescent use of tobacco is strongly predictive of smoking during adulthood and associated with a wide range of other physical, emotional, or behavioral risks. Initiation of tobacco use occurs regularly among youth aged 11 to 13 with half of all school-aged children who use tobacco reporting starting by the 8th grade. Youth often underestimate the addictive capacity of nicotine and may minimize the risk of tobacco use. However, 90% of all adults who smoke begin before the age of twenty-one. Seventy-five per cent of adult Oregonians who use tobacco say they want to quit.

SP # 6

PERFORMANCE MEASURE:

Percent of Oregonians living in a community where the water system is optimally fluoridated.

STATUS:

Active

GOAL

Increase the number of Oregonians who live in a community with fluoridated water systems.

DEFINITION

Numerator:

Population of communities with natural or adjusted fluoride levels at 0.7 ppm or greater

Denominator:

Population with access to community water systems

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The Oregon Health Division, Drinking Water Section, provides yearly water fluoridation statistics for community systems with natural or adjusted fluoride.

SIGNIFICANCE

Community water fluoridation is a proven safe, effective and inexpensive way to prevent tooth decay ("caries"). Fluoride works by stopping or even reversing the caries process, thus keeping the enamel strong and intact. By reducing or eliminating caries in infants and children, needless pain and infection is reduced, developmental growth is not impeded, social skills and esteem is enhanced, and the public burden in dental care financing is significantly decreased. Fluoride delivery through community water systems benefits all infants and children, regardless of socioeconomic status. Since 1990, less than one quarter of Oregon's population have had access to fluoridated water at the level of 0.7 parts per million or more through community water systems.

SP # 7

PERFORMANCE MEASURE:

Percent of K-12 students with access to a State Certified school-based health center.

STATUS:

Active

GOAL

Increase the proportion of students with access to services at a certified school-based health center.

DEFINITION

Numerator:

Number of students enrolled in public schools who have access to a State Certified school-based health center

Denominator:

Number of students enrolled in public schools

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Oregon Dept. of Education Annual Publication. Enrollment is as of June of each school year.

SIGNIFICANCE

This measure is used to determine the number of students statewide who have access to the comprehensive preventive health, primary care and mental health services provided by a state certified SBHC. Adolescents historically are an medically underserved population and poor utilizers of preventive health services. SBHCs see a higher proportion of at-risk and or uninsured youth. SBHCs are an important safety net provider who have reduced barriers (financial, logistical, environmental, psychological) to seeking and receiving health care. SBHCs, as an access model, fill gaps in continuum of care, integrate service components (physical & mental health) and provide important risk assessment and health education functions.

SP # 8

PERFORMANCE MEASURE:

Percent of CSHCN in Oregon receiving appropriate care coordination services

STATUS:

Active

GOAL

Increase access to appropriate care coordination services for CSHCN in Oregon.

DEFINITION

Numerator:

Number of CSHCN through age 20 receiving care coordination services.

Denominator:

Number of CSHCN needing services.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The numerator is derived from Oregon State Children with Special Health Care Needs program data. These data identify those individuals who are receiving appropriate care coordination services in Oregon. The denominator is derived by calculating 10% of the CSHCN population under 21.

SIGNIFICANCE

Families with children who have special health needs may use numerous complex health, education, vocational, and social services in densely populated areas. In these areas, barriers to access tend to be knowledge of services (needed or available) and economic factors such as transportation, respite care, care for other family members, time off work, and the cost of services. In rural areas, physical geographic accessibility are added to these barriers. These services can be provided in the local community and at a nearby tertiary level center. Thus, care coordination services are an important component of the care for these children. Although service coordination is provided by many different professionals and agencies in Oregon, there are not enough resources to serve all families who need it. Increasing the opportunities for families can lead to improved access to the comprehensive services they need.

SP # 9

PERFORMANCE MEASURE:

Degree of participation in the collaborative effort of developing a statewide data system to support Oregon's early childhood program needs.

STATUS:

Active

GOAL

Develop a statewide data system to support early childhood program needs.

DEFINITION

Numerator:

Number of organizations represented at each meeting.

Denominator:

Number of organizations who agreed to participate in the process.

Units: 100 **Text:** Average Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The OHD data system, WCHDS, has been selected as the individual data system as well as housing the data warehouse for the Early Childhood programs. CDRC staff are participating in the planning to establish this expanded system. CDRC and DHS-OFH staff have dedicated many hours to the planning and implementation of this system.

SIGNIFICANCE

The Child Health Consultant in OFH is assigned to be a part of the Interagency Coordinating Team charged by the Governor to implement an Early Childhood System of Care in Oregon. She also represents CDRC on the team.

SP # 10

PERFORMANCE MEASURE:

Percent of providers in Oregon participating in an educational experience addressing CSHCN.

STATUS:

Active

GOAL

Increase the percent of providers participating in an educational experience addressing CSHCN including diagnosis, treatment, prevention issues and family centered care.

DEFINITION

Numerator:

Number of providers who participated in at least one educational experience.

Denominator:

Number of providers in Title V supported programs serving CSHCN.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Number of providers participating in education will be collected from the training programs delivered by CDRC Title V sponsored programs.

SIGNIFICANCE

The decentralization of services for CSHCN places children with providers who are not trained or familiar with their special needs. The expansion of Medicaid and commercial managed care is placing more CSHCN in a Medical Home in their community. The experience and training of these primary and ancillary care providers does not typically include services to this population. The role of Title V in this changing environment in Oregon includes training these providers to increase their knowledge base in the diagnosis, treatment, prevention issues, and family centered care for CSHCN. The need for these children to have access to timely, appropriate specialty services and the benefits of the same will be emphasized in these training sessions.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: OR

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	18.8	17.3	20.7	18.7	18.7
Numerator	419	391	471	428	
Denominator	222,872	226,011	227,668	228,681	
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	78.9	81.4	79.9	78.3	82.4
Numerator	16,173	17,209	17,338	16,921	18,390
Denominator	20,493	21,139	21,700	21,622	22,307
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	76.3	79.5	78.6	72.7	70.0
Numerator	34,695	35,913	35,424	33,365	31,492
Denominator	45,445	45,171	45,086	45,920	45,015
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	38.2	44.1	41.2	39.5	40.1
Numerator	18,790	22,038	21,293	20,349	21,010
Denominator	49,251	49,938	51,629	51,541	52,349
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	37.0	8.5	13.0	7.0	1.3
Numerator	2,099	578	931	526	98
Denominator	5,680	6,800	7,160	7,508	7,508
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2003
Field Note:
Data for 2003 will not be available until 2005.
2. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2004
Field Note:
Data for 2004 unavailable until spring 2006.
3. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2002
Field Note:
1998 data unavailable.
4. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2003
Field Note:
From the EPSDT 2003 Report, no denominator or numerator available.
5. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2002
Field Note:
Oregon SCHIP data are included in the data for Health Systems Capacity Indicator #2
6. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2003
Field Note:
No data is available for this measure because Oregon does not have a SCHIP program.
7. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2004
Field Note:
Oregon's SCHIP program is rolled into the Medicaid plan. See the Health Systems Capacity Measure #2.
8. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2003
Field Note:
Updated 2003 in 2006 report.
9. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2002
Field Note:
1998 data unavailable.
10. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2002
Field Note:
2002 data not available.
11. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2003
Field Note:
The denominator is the total number of children served by SSI in Oregon. The numerator results from a match between the lists of children served by the State CHSCN Program and the State SSI Roster.

This Measure was previously National Performance Measure #1. Note from the 2003 Block Grant Application:

2000 numerator: The number of SSI beneficiaries receiving services through OSCHCN is not available. The number is calculated by determining the percent of children on Medicaid who are coded as blind or disabled (SSI population) and applying this ratio to the CDRC Medicaid population. The FY 2000 numbers from OMAP varied greatly from FY 1999 figures; this difference accounts for the large increase in the percent of SSI beneficiaries reported as known to CDRC. CDRC has been working with the Regional SSA office and Oregon DDS staff to implement a process to share data that will provide more accurate information for measuring this performance.

12. **Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2004

Field Note:

2004 numerator: the number of SSI beneficiaries less than 16 years of age receiving rehabilitative services through the CDRC is not available. The number is calculated by determining the percent of children on Medicaid who are coded as blind or disabled (the SSI population) and applying that to the CDRC Medicaid population. 3.57% of children who are on the Oregon Health Plan (OHP) are coded 4,D4, 3 and D3 (the SSI population). The 2004 numerator is likely a large underestimate, however, since a significantly higher proportion of the children seen in the CDRC clinics will have OHP and SSI. We do propose to change this to a more meaningful measure for the next block grant report.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: OR

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2003	Payment source from birth certificate	<u>6.3</u>	<u>6</u>	<u>6.1</u>
b) Infant deaths per 1,000 live births	2003	Payment source from birth certificate	<u>6.7</u>	<u>4.4</u>	<u>5.5</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2003	Payment source from birth certificate	<u>69.5</u>	<u>88.3</u>	<u>81</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2004	Payment source from birth certificate	<u>61.9</u>	<u>75.4</u>	<u>70</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: OR

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2004	<u>133</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2004	<u>133</u> <u>100</u> <u> </u>
c) Pregnant Women	2004	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: OR

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2004	<u>133</u>
b) Medicaid Children (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2004	<u>133</u> <u>100</u> <u> </u>
c) Pregnant Women	2004	<u>185</u>

FORM NOTES FOR FORM 18

Oregon does not have a SCHIP program separate from Medicaid.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2006
Field Note:
Oregon does not have a SCHIP program separate from Medicaid.
2. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2006
Field Note:
Oregon does not have a SCHIP program separate from Medicaid.
3. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2006
Field Note:
Oregon does not have a SCHIP program separate from Medicaid.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: OR

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: OR

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: OR

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	5.6	5.5	5.8	6.1	6.1
Numerator	2,572	2,496	2,617	2,822	
Denominator	45,677	45,318	45,190	45,935	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.3	4.1	4.2	4.5	4.5
Numerator	1,897	1,835	1,882	2,017	
Denominator	44,360	45,032	44,524	44,453	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	1.0	1.0	1.0	1.0	1
Numerator	444	437	472	466	
Denominator	45,677	45,032	45,190	45,935	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	0.7	0.7	0.7	0.7	0.7
Numerator	326	309	332	330	
Denominator	44,360	45,032	44,524	44,453	
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	8.9	7.6	8.1	10.1	10.1
Numerator	63	54	58	73	74
Denominator	710,361	710,361	716,526	722,905	729,109
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	3.8	4.8	2.7	4.4	4.4
Numerator	27	34	19	32	32
Denominator	710,361	710,361	716,526	722,905	729,109
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	24.7	21.0	20.1	25.4	25.3
Numerator	119	101	98	125	126
Denominator	481,750	481,750	486,507	491,788	498,421
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	213.6	246.9	179.8	253.0	253.0
Numerator	1,517	1,754	1,288	1,829	1,845
Denominator	710,361	710,361	716,526	722,905	729,109
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	32.9	31.8	26.4	31.0	31.0
Numerator	234	226	187	224	224
Denominator	710,361	710,361	707,326	722,905	722,905
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	148.0	143.9	114.8	152.3	152.3
Numerator	713	693	558	749	759
Denominator	481,750	481,750	486,063	491,787	498,421
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	18.5	18.9	16.3	16.5	16.5
Numerator	2,216	2,257	1,993	2,030	2,030
Denominator	119,533	119,533	121,965	123,273	123,273
Is the Data Provisional or Final?				Final	Provisional

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2000	2001	<u>Annual Indicator Data</u>		2004
			2002	2003	
Annual Indicator	4.6	5.3	4.9	5.2	5.2
Numerator	2,775	3,083	3,057	3,261	3,261
Denominator	605,930	583,946	618,302	625,262	625,262
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2004
Field Note:
2. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2004
Field Note:
3. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2004
Field Note:
4. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2004
Field Note:
5. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2004
Field Note:
6. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2002
Field Note:
Updated from 2005 Report.
7. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2004
Field Note:
8. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2004
Field Note:
Data not yet available for 2004.
9. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2004
Field Note:
Estimated to be the same as in 2003.
10. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2003
Field Note:
Corrected denominator for 2001 & 2002.
11. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2004
Field Note:
Estimate based on 2004 population.
12. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:

Column Name:
Year: 2004
Field Note:
2004 Estimate

13. **Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2004
Field Note:
2004 Estimate

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OR

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	45,598	40,708	1,484	928	2,278	200		
Children 1 through 4	188,579	166,182	6,826	4,562	9,909	1,100		
Children 5 through 9	242,722	211,994	9,418	7,222	12,257	1,831		
Children 10 through 14	258,705	228,668	8,761	8,393	11,065	1,818		
Children 15 through 19	254,157	225,736	7,335	8,363	11,031	1,692		
Children 20 through 24	257,071	227,728	6,978	7,531	12,740	2,094		
Children 0 through 24	1,246,832	1,101,016	40,802	36,999	59,280	8,735	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	37,629	7,969	
Children 1 through 4	155,627	32,952	
Children 5 through 9	204,583	38,139	
Children 10 through 14	226,339	32,366	
Children 15 through 19	226,700	27,457	
Children 20 through 24	221,839	35,232	
Children 0 through 24	1,072,717	174,115	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OR

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	53	40	4	4	1	0		4
Women 15 through 17	1,158	1,040	44	46	17	4		7
Women 18 through 19	2,766	2,488	107	104	49	9		9
Women 20 through 34	34,889	31,376	774	625	1,761	173		180
Women 35 or older	6,082	5,402	104	73	430	37		36
Women of all ages	44,948	40,346	1,033	852	2,258	223	0	236

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	25	28	0
Women 15 through 17	721	433	4
Women 18 through 19	2,016	743	7
Women 20 through 34	28,062	6,698	129
Women 35 or older	5,290	769	23
Women of all ages	36,114	8,671	163

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OR

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2004 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	244	214	12	9	8	0	0	1
Children 1 through 4	34	31	2	1	0	0	0	0
Children 5 through 9	36	31	0	3	1	0	0	1
Children 10 through 14	28	23	2	1	2	0	0	0
Children 15 through 19	67	55	3	4	3	0	0	2
Children 20 through 24	205	189	7	7	2	0	0	0
Children 0 through 24	614	543	26	25	16	0	0	4

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	203	41	0
Children 1 through 4	27	7	0
Children 5 through 9	28	8	0
Children 10 through 14	23	5	0
Children 15 through 19	59	7	1
Children 20 through 24	167	36	2
Children 0 through 24	507	104	3

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OR

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	989,761	873,288.0	33,824.0	29,468.0	46,540.0	6,641.0			2004
Percent in household headed by single parent	27.3								2004
Percent in TANF (Grant) families	5.9	4.2	18.0	5.4	2.4	1.9		9.0	2004
Number enrolled in Medicaid	229,728	192,361.0	15,298.0	8,579.0	6,974.0	461.0		6,055.0	2004
Number enrolled in SCHIP	0								2004
Number living in foster home care	12,672	7,672.0	909.0	1,031.0	89.0	33.0		2,938.0	2004
Number enrolled in food stamp program	273,845	190,503.0	14,729.0	6,192.0	5,572.0	428.0		56,421.0	2004
Number enrolled in WIC	50,180	42,214.0	2,746.0	1,426.0	1,973.0	466.0		1,355.0	2004
Rate (per 100,000) of juvenile crime arrests	4,020.0	4,175.0	4,389.0	3,017.0	939.0				2004
Percentage of high school drop-outs (grade 9 through 12)	4.5	3.7	8.0	5.4	3.3			9.2	2004

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	850,878.0	138,610.0	0	2004
Percent in household headed by single parent	27.3	27.3	27.3	2004
Percent in TANF (Grant) families	4.6	9.0		2004
Number enrolled in Medicaid	223,673.0	77,381.0	6,055.0	2004
Number enrolled in SCHIP	0	0	0	2004
Number living in foster home care	9,734.0	1,352.0	1,585.0	2004
Number enrolled in food stamp program	217,424.0	54,051.0	2,370.0	2004
Number enrolled in WIC	48,633.0	30,640.0	0	2004
Rate (per 100,000) of juvenile crime arrests	4,271.0	2,545.0	0	2004
Percentage of high school drop-outs (grade 9 through 12)	3.9	9.6	0	2004

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OR

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	649,438
Living in rural areas	367,955
Living in frontier areas	0
Total - all children 0 through 19	1,017,393

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OR

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Total Population	3,582,600.0
Percent Below: 50% of poverty	5.3
100% of poverty	12.5
200% of poverty	30.2

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: OR

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2004 Is this data from a State Projection? Yes Is this data final or provisional? Final

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	883,998.0
Percent Below: 50% of poverty	7.7
100% of poverty	20.1
200% of poverty	39.8

FORM NOTES FOR FORM 21

#10 Population data by geographic area includes ages 0 - 20. Rural is defined as any area more than 10 miles from a population center of 30,000 or more. Urban is defined as not rural.

#12 Poverty projections not available by age 0 - 19. Listed for age 0 - 17.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2006
Field Note:
Does not include people of Hispanic/Latino ethnicity.
2. **Section Number:** Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2006
Field Note:
Does not include people of Hispanic/Latino ethnicity.
3. **Section Number:** Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2006
Field Note:
Does not include people of Hispanic/Latino ethnicity.
4. **Section Number:** Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2006
Field Note:
Does not include people of Hispanic/Latino ethnicity.
5. **Section Number:** Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2006
Field Note:
Does not include people of Hispanic/Latino ethnicity.
6. **Section Number:** Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2006
Field Note:
Does not include people of Hispanic/Latino ethnicity.
7. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
Reported for 2003 because no 2004 data available.
8. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2006
Field Note:
Unavailable for 2004. Estimate from 2003.
9. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2006
Field Note:
Used 2003 race estimates as denominator for percentages.
10. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2006
Field Note:
Other and undeclared includes multiple races.
11. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
Oregon's SCHIP program is integrated within the Oregon Health Plan and not separate from Medicaid.

12. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006
Field Note:
Reported for 2005.
13. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Reported for 2003 age 0 - 17 because 2004 data unavailable. Whites include all Hispanics since Hispanics are listed as a race, not an ethnicity, but population data calculates ethnicity separately.
14. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2006
Field Note:
The 'Asian' category includes Pacific Islanders and the category 'Other and Unkown' includes Hispanics and Unknowns.
15. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2006
Field Note:
Reported for 2003 since 2004 data was unavailable.
16. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2006
Field Note:
Unavailable for 2004. Estimate from total population 2003.
17. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2006
Field Note:
Used 2003 race/ethnicity estimates as denominator.
18. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2006
Field Note:
Oregon's does not have a SCHIP program separate from Medicaid.
19. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2006
Field Note:
Reported for 2005.
20. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2006
Field Note:
Number of arrests were reported by race (including Hispanic as a race.)
Denominator of Non-Hispanics: Calculated by subtracting total number of hispanic juveniles from all races.
21. **Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2006
Field Note:
The population in urban areas includes ages 0 - 20.
22. **Section Number:** Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2006
Field Note:
The population projected in rural areas includes ages 0 - 20.
23. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2006
Field Note:

Population projection for 2004.

24. Section Number: Indicator 11

Field Name: S11_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2006

Field Note:

This estimate is the national estimate from the 2004 Current Population Survey, Social and Economic Supplement produced by the U.S. Census Bureau. It estimates the percent of the national population living in a household where the income level is below 50% of poverty.

25. Section Number: Indicator 11

Field Name: S11_100percent

Row Name: 100% of poverty

Column Name:

Year: 2006

Field Note:

Based on 2003 Household Income.

26. Section Number: Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2006

Field Note:

Based on 2003 income.

27. Section Number: Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2006

Field Note:

Projection of children age 0 - 17 to correspond with percentages of children in poverty available for population 0 - 17, but not 0 - 19.

28. Section Number: Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2006

Field Note:

This estimate is the national estimate from the 2004 Current Population Survey, Annual Social and Economic Supplement produced by the U.S. Census Bureau. It estimates the percent of children under age 19 living in a household below 50% of poverty.

29. Section Number: Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2006

Field Note:

Reported for 2003 since 2004 data was unavailable.

30. Section Number: Indicator 09B

Field Name: HSIEthnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2006

Field Note:

Reported for 2003 since 2004 data was unavailable.

NEW STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: OR

SP # 1

PERFORMANCE MEASURE:

Percent of births that are intended

GOAL

Increase the number of births that are intended.

DEFINITION

Numerator:

Number of women reporting to PRAMS that they wanted to be pregnant later or not at any time in the future, weighted to reflect a percent of the Oregon population of resident women delivering live infants in Oregon.

Denominator:

Number of Oregon resident women delivering live infants in Oregon during the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-6 Increase the proportion of pregnant women who receive early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

This measure was changed from intended "pregnancies" to intended "births for clarity. Intendedness is derived from self reports on the PRAMS survey (about 4 months post partum). PRAMS only includes women that had a live birth.

SIGNIFICANCE

The Institutes of Medicine report, "Best Intentions," published in 1995, indicates that unintended pregnancies are an important indicator for the MCH status. The report states: "A woman with an unintended pregnancy is less likely to seek early prenatal care and more likely to expose the fetus to ... tobacco or alcohol. The child of an unwanted conception especially (as distinct from a mistimed one) is at greater risk of being born at low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. The mother may be at greater risk of depression and of physical abuse herself, and her relationship with her partner is at greater risk of dissolution. Both mother and father may suffer economic hardship and may fail to achieve their educational and career goals."

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 2

PERFORMANCE MEASURE:

Percent of smoking women who quit smoking during their pregnancy and did not begin smoking postpartum.

GOAL

Increase the percent of women who quit smoking during their pregnancy and not begin smoking postpartum.

DEFINITION

Numerator:

Among women that smoked during the three months prior to pregnancy, the number of women who responded to PRAMS that they did not smoke during the last 3 months of pregnancy and are not currently smoking.

Denominator:

Number of women who responded to PRAMS that they smoked during the 3 months before pregnancy.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women. Goal 27: Reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.

DATA SOURCES AND DATA ISSUES

PRAMS is the only source currently available to measure the prevalence of whether or not women are quitting smoking during their pregnancy. PRAMS only includes women who have a live birth, therefore, excluding the population of pregnancies that end prior to birth and may be affected by tobacco use.

SIGNIFICANCE

Smoking during pregnancy is associated with fetal death, low birthweight, SIDS rate increase, and respiratory difficulties for newborns. Smoking among pregnant women is associated with alcohol and other drug use, both of which are harmful to the fetus. Quitting smoking during pregnancy has been shown to improve overall birth outcomes. Oregon programs have recently begun using the ACOG recommended Five A's smoking cessation protocol for pregnant women. It has shown effectiveness in intervention and increasing the confidence of the nurses administering it. As a result this model has been incorporated throughout additional statewide programs.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 3

PERFORMANCE MEASURE:

Percent of infants diagnosed with hearing loss that are enrolled or in Early Intervention before 6 months of age.

GOAL

Increase the percentage of infants diagnosed with hearing loss that are enrolled in Early Intervention before 6 months of age.

DEFINITION

Numerator:

Number of infants that were diagnosed by an audiologist with a hearing loss (any type, any degree) by three months of age that were enrolled in Early Intervention before 6 months of age.

Denominator:

Number of infants that are diagnosed by an audiologist with a hearing loss (any type, any degree) by three months of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

28-11 (Developmental) Increase the proportion of newborns who are screened for hearing loss by age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services by age 6 months.

DATA SOURCES AND DATA ISSUES

The data will be measured using the Oregon EHDI database system, which includes 93% of all occurrence births. Source does not currently incorporate all screenings from non-hospital based facilities and home births.

SIGNIFICANCE

"The first six months of life are a critical time to develop communication skills. Studies have shown that babies with hearing loss, who receive early intervention services before six months of age, have significantly improved outcomes in communications skills."

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 4

PERFORMANCE MEASURE:

Percent of children that complete the 4th DTaP vaccine by two years of age.

GOAL

Increase the percent of children that complete the 4th DTaP vaccine by two years of age.

DEFINITION

Numerator:

The number of children age 19-35 months that have received a 4th DTaP vaccine for a given calendar year, weighted to reflect a percent of the Oregon population of children age 19-35 months.

Denominator:

The number of children age 19-35 months that responded to the NIS survey from the state of Oregon for a given calendar year, weighted to reflect the Oregon population of children age 19-35 months.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

14-22 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children. Specifically, 14-22a focused on 4 doses diphtheria-tetanus-acellular pertussis (DTaP) vaccine with a 2010 target of 90% coverage.

14-24 Increase the proportion of young children and adolescents who receive all vaccines that have been recommended for universal administration for at least 5 years. HP 2010 objective 14-24a focuses on children age 19-35 months who receive the recommended vaccines (4DTaP, 3 polio, 1MMR, 3 Hib, 3 hep B) and has a target of 80% coverage by 2010.

DATA SOURCES AND DATA ISSUES

The National Immunization Survey determines an estimate of the number of children age 19-35 months in Oregon that have completed their 4th DTaP vaccine. This data source offers a continual measure, however, its sample of Oregon children is limited (500+/-). The Oregon ALERT registry also tracks vaccine coverage for Oregon residents and may become the source of this data in the future.

SIGNIFICANCE

Maintenance of high vaccination coverage levels in early childhood is the best way to prevent the spread of VPDs in childhood and to provide the foundation for controlling VPDs among adults. Completion of the 4th DTaP by age 2 is also a good indication of children receiving all the necessary childhood immunizations and well-child visits.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 5

PERFORMANCE MEASURE:

Percent of 8th graders who report doing 3 or more days of vigorous activity in the last 7 days.

GOAL

To increase the percentage of 8th graders who vigorously exercise at least 3 days a week.

DEFINITION

Numerator:

The number of 8th graders who report doing 3 or more days of physical activity for at least 20 minutes that made them sweat or breathe hard in the last 7 days.

Denominator:

The number of 8th graders that responded to the question regarding how many days they exercised or participated in physical activity for at least 20 minutes that made them sweat or breathe hard.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

19-3 Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

The Oregon Healthy Teens survey will be used as the source of this performance measure. The survey includes a question regarding the number of days that each student has "exercised or participated in physical activity for at least 20 minutes that made them sweat or breathe hard" in the past 7 days. Unfortunately this doesn't specifically measure whether or not the person met the daily recommendations for physical activity. Also, the correlation to how students respond to an additional OHT question regarding how many days in the last 7 days the respondent participated in "activity that did not make him/her sweat or breathe hard, for 30 minutes" is unknown.

SIGNIFICANCE

The prevalence of health risks, including reduction in quality of life and life expectancy, increase with weight. There is much concern about the increasing prevalence of obesity in children and adolescents. Developing patterns of healthful behavior and maintaining those patterns through adulthood can help to reduce weight and, in turn, health risks. Healthy People 2010 reports that "The reduction of the BMI in children and adolescents should be achieved by emphasizing physical activity and a properly balanced diet so that healthy growth is maintained."

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 6

PERFORMANCE MEASURE:

Percent of 11th graders who report having unmet health care needs.

GOAL

Decrease the percentage of 11th graders that report having unmet health care needs.

DEFINITION

Numerator:

Number of 11th graders that responded to the OHT survey they did not have any unmet health care needs in the past 12 months.

Denominator:

Number of 11th graders that responded to the question regarding unmet health care needs in the OHT survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Goal 1: Improve access to comprehensive, high-quality health care services.

DATA SOURCES AND DATA ISSUES

The Oregon Healthy Teens survey will be used as the source of this performance measure. The survey includes a question regarding the type of health care need for which respondent's needs were unmet or that the respondent did not have any unmet health care needs over the past 12 months. Access to some health care options, including Medicaid and school based health centers, are affected by the legislative budget, which cannot be accounted for by the data source.

SIGNIFICANCE

Improving access to quality care must be improved to realize the full potential of prevention. Due to budget constraints many of the healthcare options available to adolescents in the past are no longer available and there has been an increase in the proportion of 11th graders with unmet health care needs. Oregon OFH Adolescent Health Program provides services to Oregon students through their school-based health centers and facilitates a coordinated school health coalition to support increased health care services to adolescents and youth. This measure is a proxy to evaluate the access to health care services for the adolescent population.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 7

PERFORMANCE MEASURE:

Percent of Oregonians living in a community where the water system is optimally fluoridated.

GOAL

Increase the number of Oregonians who live in a community with fluoridated water systems.

DEFINITION

Numerator:

Population of communities with natural or adjusted fluoride levels at 0.7 ppm or greater

Denominator:

Population with access to community water systems

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

21-9 Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water. The national target by 2010 is 75%.

DATA SOURCES AND DATA ISSUES

The Oregon Health Division, Drinking Water Section, provides yearly water fluoridation statistics for community systems with natural or adjusted fluoride.

SIGNIFICANCE

Community water fluoridation is a proven safe, effective and inexpensive way to prevent tooth decay ("caries"). Fluoride works by stopping or even reversing the caries process, thus keeping the enamel strong and intact. By reducing or eliminating caries in infants and children, needless pain and infection is reduced, developmental growth is not impeded, social skills and esteem is enhanced, and the public burden in dental care financing is significantly decreased. Fluoride delivery through community water systems benefits all infants and children, regardless of socioeconomic status. Since 1990, less than one quarter of Oregon's population has had access to fluoridated water at the level of 0.7 parts per million or more through community water systems. This has become an area of focus for the Oregon legislature recently and we hope to see change soon.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 8

PERFORMANCE MEASURE:

Percent of health care providers who report confidence in caring for CYSHN and their families

GOAL

Increase the number of CYSHN and their families who receive comprehensive services through an integrated system of care in their local community

DEFINITION

Numerator:

the number of providers who report confidence in care of CYSHN

Denominator:

The total number of Oregon primary care providers surveyed

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

None

DATA SOURCES AND DATA ISSUES

Number of health care providers who participate in Title V sponsored training activities. Other Data Sources to be Monitored: Survey of Parents and Youth Visiting Primary Care Offices, Survey of Oregon Primary Care Physicians, Survey of Community Providers

SIGNIFICANCE

The decentralization of services for CYSHN places children with providers who are not necessarily trained or familiar with their special needs. The expansion of Medicaid and commercial managed care is placing more CYSHN in a medical home in their community. The experience and training of these primary and ancillary care providers does not typically include services to this population. Confidence reflects applying appropriate skills and knowledge and also establishing community partnerships in caring for CYSHN and their families. The necessary skills and knowledge include diagnosis, treatment and prevention, timely referral to specialists, adoption of family-centered care and building appropriate community partnerships. A number of adult health care providers, and health care and other providers in rural communities lack the necessary training and supports to provide comprehensive care in the local community.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 9

PERFORMANCE MEASURE:

Percent of families of CYSHN who report costs not covered by insurance were usually or always reasonable.

GOAL

Increase the number of families of CYSHN who receive comprehensive services in their local community including services not traditionally covered by public or private insurance

DEFINITION

Numerator:

number of parents who report costs not covered by insurance were usually or always reasonable

Denominator:

total number of families surveyed

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

None

DATA SOURCES AND DATA ISSUES

National Survey of Children with Special Health Care Needs (SLAITS) Other Data Sources To be Monitored: Survey of parents and youth attending primary care offices, Survey of Primary Care Physicians, Survey of Community Providers, Comparison of the Reports of Rural vs. Urban Families and Providers

SIGNIFICANCE

Families of CYSHN depend on a variety of services that are not reimbursed or poorly reimbursed by public and private insurance. For example, these services include care coordination, child care and respite, parent-to-parent support and transportation.

OBJECTIVE

2006	2007	2008	2009	2010
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SP # 10

PERFORMANCE MEASURE:

Percent of families of CYSHN who reside in rural areas report that needs are usually or always met.

GOAL

Increase the number of CYSHN and their families who receive comprehensive care in rural communities

DEFINITION

Numerator:

number of parents who report their needs are usually or always met on surveys

Denominator:

total number of parents who are surveyed

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

None

DATA SOURCES AND DATA ISSUES

National Survey of Children with Special Health Needs (SLAITS) Other Data Sources to be Monitored: Survey of parents and youth attending primary care offices, Survey of Primary Care Physicians, Survey

SIGNIFICANCE

Families of CYSHN who reside in rural Oregon report more difficulty accessing information about services and limited access to certain health care services, particularly dental and mental health services. In addition, they often travel a great distance to obtain care and experience higher out-of-pocket costs for care.

OBJECTIVE

2006	2007	2008	2009	2010
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